

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18420

State File No.

FILED JUN 29 1955

BIRTH NO. _____		REG. DIST. NO. <u>135</u>		PRIMARY REG. DIST. NO. <u>5497</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>HARRISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>HARRISON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Marion</u>		2410	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. East Eagleville, Mo</u>				d. STREET ADDRESS (If rural, give location) <u>2 mi. East Eagleville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESMINE</u>		b. (Middle) <u>WAYNE</u>		c. (Last) <u>BLESSING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Feb 15, 1907</u>	
9. AGE (in years last birthday) <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison Co., Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>		13a. FATHER'S NAME <u>Joseph Blessing</u>		13b. MOTHER'S MAIDEN NAME <u>Quintella Phillips</u>		14. NAME OF HUSBAND OR WIFE <u>Bonnie Blessing</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WIT 42-56745 810-12-8117</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bonnie Blessing Eagleville Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>no morbid symptoms</u> DUE TO (c) <u>no sickness in his life</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Heart Failure</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc., etc.) <u>Farm Field</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marion Harrison MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 17 1955 10 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell dead in field</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>Joseph L. Marshall D.C. Harrison County Coroner</u>				23b. ADDRESS		23c. DATE SIGNED <u>6-21-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery Eagleville Mo</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>June 26-1955</u>		REGISTRAR'S SIGNATURE <u>Larik Brewer 1180</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stonewall Boggs Eagleville Mo</u>			

(Licensed Embelmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1913

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Herbert W. Boggess

Licensed Embalmer No. *4762*

P. O. Address *Earlsville, M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.